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NRG Reliability Solutions
17685 Juniper Path; Suite 301
Lakeville, MN 55044
612-564-1973

December 16, 2013

Mr. Michael Langman
Environmental Scientist
Air and Radiation Division
Air Permits Section
Air Programs Branch (AR-18J)
U.S. EPA Region 5
77 West Jackson Boulevard
Chicago, IL 60604-3590

**RE: Application for Minor Permit Modification
Treasure Island Resort & Casino
Permit No. V-PI-2704900084-2012-11**

Dear Mr. Langman:

NRG Reliability Solutions (NRG) is submitting application forms for a minor permit modification to address the requested changes in recordkeeping requirements and insignificant activities described in the letter to George Czerniak dated November 25, 2013.

As described in your email to Julie Miller of Barr Engineering Company on Friday, December 6, NRG has attached the General Information and Summary (GIS) form, the Insignificant Activities (IE) form, and the signed Certification of Truth, Accuracy, and Completeness (CTAC) form for the minor permit modification.

A typographical error was also discovered in the permit while preparing the forms. Please correct the VOC emissions in Section 1.0(C) Potential Emissions, Limited potential emissions – 4 engines (tpy). The limited VOC emission rate for four engines should be 1.28 tons per year, based on the potential hourly emission rate of 1.16 pounds per hour per engine and the operating limit of 550 hours per year per engine. The permit currently lists the VOC limited potential emissions as 0.29 tons per year. The correct VOC limited emission rate of 1.28 tons per year was listed in the Statement of Basis for Permit No. V-PI-2704900084-2012-10 for the Part 71 permit renewal and in the Part 71 Operating Permit Renewal Application submitted by Energy Alternatives.

Thank you for your attention to this request. If you have any questions, please contact Gina Larson at (612) 564-1966 (gina.larson@nrgenergy.com) or Julie Miller at (952) 832-2906 (jmiller2@barr.com).

Mr. Michael Langman
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Sincerely,

A handwritten signature in black ink, appearing to read "Phil Kairis", with a stylized flourish at the end.

Phil Kairis
Vice President

Enclosures

C: Gina Larson
Julie Miller



OMB No. 2060-0336, Approval Expires 06/30/2015

Federal Operating Permit Program (40 CFR Part 71)

GENERAL INFORMATION AND SUMMARY (GIS)

A. Mailing Address and Contact Information

Facility name Treasure Island Resort and Casino Generation Facility

Mailing address: Street or P.O. Box NRG Reliability Solutions, LLC 17685 Juniper Path, Suite 301

City Lakeville State MN ZIP 55044 -

Contact person: Gina Larson Title National Asset Manager

Telephone (612) 564 - 1966 Ext. _____

Facsimile (612) 564 - 1972

B. Facility Location

Temporary source? ☐ Yes ☒ No Plant site location 5734 Sturgeon Lake Road

City Red Wing State MN County Goodhue EPA Region 5

Is the facility located within:

Indian lands? ☒ YES ☐ NO OCS waters? ☐ YES ☒ NO

Non-attainment area? ☐ YES ☒ NO If yes, for what air pollutants? _____

Within 50 miles of affected State? ☒ YES ☐ NO If yes, What State(s)? WI

C. Owner

Name NRG Reliability Solutions, LLC Street/P.O. Box 17685 Juniper Path, Suite 301

City Lakeville State MN ZIP 55044 -

Telephone (612) 564 - 1973 Ext _____

D. Operator

Name Same as Owner Street/P.O. Box _____

City _____ State _____ ZIP _____ -

Telephone (_____) _____ - _____ Ext _____

E. Application Type

Mark only one permit application type and answer the supplementary question appropriate for the type marked.

☐ Initial Permit ☐ Renewal ☐ Significant Mod ☒ Minor Permit Mod(MPM)

☐ Group Processing, MPM ☐ Administrative Amendment

For initial permits, when did operations commence? ____/____/____

For permit renewal, what is the expiration date of current permit? ____/____/____

F. Applicable Requirement Summary

Mark all types of applicable requirements that apply.

☐ SIP ☐ FIP/TIP ☒ PSD ☐ Non-attainment NSR

☐ Minor source NSR ☐ Section 111 ☐ Phase I acid rain ☐ Phase II acid rain

☐ Stratospheric ozone ☐ OCS regulations ☒ NESHAP ☐ Sec. 112(d) MACT

☐ Sec. 112(g) MACT ☐ Early reduction of HAP ☐ Sec 112(j) MACT ☐ RMP [Sec.112(r)]

☐ Tank Vessel requirements, sec. 183(f)) ☐ Section 129 Standards/Requirement

☐ Consumer / comm.. products, ' 183(e) ☐ NAAQS, increments or visibility (temp. sources)

Has a risk management plan been registered? ☐ YES ☒ NO Regulatory agency _____

Phase II acid rain application submitted? ☐ YES ☒ NO If yes, Permitting authority _____

G. Source-Wide PTE Restrictions and Generic Applicable Requirements

Cite and describe any emissions-limiting requirements and/or facility-wide "generic" applicable requirements.

Permit No. V-PI-2704900084-2012-11, Section 2.0 (A) Emission Limitations and Standards

1.i. Total NOx emissions from each engine shall not exceed 6.55 g/bhp-hr.

ii. Total NOx emissions from each engine shall not exceed 37.44 lb/hr.

iii. Total NOx emission from each engine shall not exceed 10.30 tons/year.

2. Total operating hours of each engine shall not exceed 550 hrs/year, based on a 12-month rolling sum.

40 C.F.R. 63.6603(a), Table 2d to 40 C.F.R. Part 63, Subpart ZZZZ

Limit the concentration of CO in the exhaust to 23 ppmvd at 15 percent O2 or reduce CO emissions by 70% or more during periods of startup.

H. Process Description

List processes, products, and SIC codes for the facility.

Process	Products	SIC
Electricity Generation		4911

I. Emission Unit Identification

Assign an emissions unit ID and describe each emissions unit at the facility. Control equipment and/or alternative operating scenarios associated with emissions units should be listed on a separate line. Applicants may exclude from this list any insignificant emissions units or activities.

Emissions Unit ID	Description of Unit
EU-01	Internal Combustion Engine (diesel-fired); Caterpillar 3516B
EU-02	Internal Combustion Engine (diesel-fired); Caterpillar 3516B
EU-03	Internal Combustion Engine (diesel-fired); Caterpillar 3516B
EU-04	Internal Combustion Engine (diesel-fired); Caterpillar 3516B

J. Facility Emissions Summary

Enter potential to emit (PTE) for the facility as a whole for each air pollutant listed below. Enter the name of the single HAP emitted in the greatest amount and its PTE. For all pollutants stipulations to major source status may be indicated by entering "major" in the space for PTE. Indicate the total actual emissions for fee purposes for the facility in the space provided. Applications for permit modifications need not include actual emissions information.

NOx 41.2 tons/yr VOC 1.3 tons/yr SO2 1.0 tons/yr
PM-10 0.8 tons/yr CO 3.4 tons/yr Lead 0 tons/yr
Total HAP 0.03 tons/yr
Single HAP emitted in the greatest amount Benzene PTE 0.01 tons/yr
Total of regulated pollutants (for fee calculation), Sec. F, line 5 of form FEE tons/yr

K. Existing Federally-Enforceable Permits

Permit number(s) V-PI-2704900084-2012-11 Permit type Part 71 Permitting authority EPA Region 5
 Permit number(s) _____ Permit type _____ Permitting authority _____

L. Emission Unit(s) Covered by General Permits

Emission unit(s) subject to general permit _____

Check one: ☐ Application made ☐ Coverage granted

General permit identifier _____ Expiration Date ____/____/____

M. Cross-referenced Information

Does this application cross-reference information? X YES NO (If yes, see instructions)

INSTRUCTIONS FOLLOW



Federal Operating Permit Program (40 CFR Part 71)

On this page list each insignificant activity or emission unit. In the "number" column, indicate the number of units in this category. Descriptions should be brief but unique. Indicate which emissions criterion of part 71 is the basis for the exemption.

EPA Form 5900-83



United States
Environmental Protection
Agency

OMB No. 2060-0336, Approval Expires 6/30/2015

Federal Operating Permit Program (40 CFR Part 71)

CERTIFICATION OF TRUTH, ACCURACY, AND COMPLETENESS (CTAC)

This form must be completed, signed by the "Responsible Official" designated for the facility or emission unit, and sent with each submission of documents (i.e., application forms, updates to applications, reports, or any information required by a part 71 permit).

A. Responsible Official

Name: (Last) Kairis (First) Phil (MI) _____

Title Vice President

Street or P.O. Box 17685 Juniper Path, Suite 301

City Lakeville State MN ZIP 55044 - _____

Telephone (612) 564 - 1973 Ext. _____ Facsimile (612) 564 - 1972

B. Certification of Truth, Accuracy and Completeness (to be signed by the responsible official)

I certify under penalty of law, based on information and belief formed after reasonable inquiry, the statements and information contained in these documents are true, accurate and complete.

Name (signed) 

Name (typed) Phil Kairis Date: 12/17/13